

Utah Department of Human Services Office of Licensing
120 North 200 West, #303 Salt Lake City, Utah 84103**BACKGROUND SCREENING APPLICATION**

PURPOSE: The purpose of the background screening as part of the licensing process is to protect children and vulnerable adults in licensed programs, by determining if applicants have been convicted of certain crimes or have supported/substantiated child/adult abuse records.

*******APPLICANT REQUEST AND RELEASE*******

I hereby authorize the Utah Department of Human Services Office of Licensing to investigate my past and present child and adult abuse, law enforcement, drivers license and any and all information which may be pertinent to my application according to Utah Code §2A-2-120, 121. The release of any and all information is authorized whether the same is of record or not. I do hereby release all persons, firms, agencies, companies, groups, or installations, whomsoever, from any damages of, or resulting from, furnishing such information to the Department of Human Services.

Incomplete/illegible applications or applications without copies of photo ID will be returned.
Completion of the form in any color of ink other than black is helpful (but not required).

Please answer the following questions:

1. Have you ever been convicted of a crime? ☐ Yes ☐ No
If yes, please state type of conviction, date of conviction and in which court you were convicted (attach another paper if needed).
Or attach court docket.
2. Have you lived outside the state of Utah in the last five years? Where and dates? ☐ Yes ☐ No
If yes, you must submit *two* completed fingerprint cards with this form and a money order, cashiers check or company check for \$24.00 payable to *Department of Public Safety* for each applicant.
3. If you answered yes to question 2 and lived in a foreign country, were you a citizen or resident of that country? ☐ Yes ☐ No
If yes, a current, original background check from that country must be submitted with this form.

Full First Name _____ Full Middle Name _____ Last Name _____

All Maiden/Alias /Previous Married Names: _____

Current Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ / _____ / _____ Social Security Number: _____ - _____ - _____

I certify that my answers contain no misrepresentation or falsification, and that the information is true and complete to the best of my knowledge. I understand that providing false or inaccurate information or failing to provide information may result in my background screening being denied.

Applicant Signature: _____

*******LICENSED PROGRAM REQUEST AND RELEASE*******

This section to be completed by the Foster Care Licenser, or the authorized representative for the DHS Licensed program.

Complete all fields. Incomplete or illegible applications will be returned.

Name of Licensed Organization, or DHS Licenser: _____ Phone number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Type of clients served under this license (check applicable boxes): ☐ Children and Youth (Up to age 18) ☐ Vulnerable Adults (including age 65 and over)
Does the applicant provide foster/proctor care services? ☐ Yes ☐ No

I certify that I have read and understand this form and that my answers to the questions contain no misrepresentation or falsification and that the information is true and complete to the best of my knowledge. The licensee releases the Department from any damages of, or resulting from, furnishing this information for licensing purposes. I understand this form and its contents may not be shared in any way with any other organization, company, or provider or given to the above named applicant.

Signature of Authorized Program Representative or DHS Licenser

Printed Name of Authorized Program Representative or DHS Licenser

This Area for CBS Use Only